Mailir City,	on Filing: ng Address: State, Zip: Evening Phone:		
Perso	on Filing is: orney, Bar No.:	SELF (No Attorney) OR Atty. P	Attorney
	SUPER		ONA IN MARICOPA COUNTY LE COURT
In the Matter of the Emancipation of:			Case Number JE
			RESPONSE TO PETITION FOR EMANCIPATION OF A MINOR (optional) A.R.S. § 12-2451
A Mir	nor		(optional) 7.11.0. § 12 2401
1.	DEDOONA		
Nam		L INFORMATION ABOUT	
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Nam Mail City, Tele	ne: ling Address: State, Zip Code: ephone: ( relationship to the RESPONSI to the minor wrong or ince	) e minor who is requesting eman  E, CORRECTIONS, or CO being emancipated. If informa	
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Additional pages are attached.

		Case No
3.	Check all that are true.  I plan to attend the hear  I will need a court interpre	eter for the language.
4.		of this Response (after it was filled out by me) to the following esses: the Petitioner (the Minor) or his/her attorney.
	Name:	
	Mailing Address:	
	Name:	
	Mailing Address:	
	City, State, Zip Code:	
l sta		ND VERIFICATION ation that I have read this document and that the information I have the best of my knowledge and belief.
Sign	ature	Date
Swo	rn or affirmed before me this date:	
		Michael K. Jeanes, Clerk of Superior Court
Nota	ry Signature	OR
Мус	commission expires:	
-	- <del> </del>	By: Deputy Clerk of Court